

<b>FORM 1</b> <b>GENERAL</b>		<b>ENVIRONMENTAL PROTECTION AGENCY</b> <b>GENERAL INFORMATION</b> <i>Consolidated Permits Program</i> (Read the "General Instructions" before starting.)		<b>I. EPA I.D. NUMBER</b> FNV D980895988	
<b>LABEL ITEMS</b>		<b>PLEASE PLACE LABEL IN THIS SPACE</b>		<b>GENERAL INSTRUCTIONS</b>	
<b>I. EPA I.D. NUMBER</b>				If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
<b>III. FACILITY NAME</b>					
<b>V. FACILITY MAILING ADDRESS</b>					
<b>VI. FACILITY LOCATION</b>					

**II. POLLUTANT CHARACTERISTICS**

**INSTRUCTIONS:** Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			

**III. NAME OF FACILITY**

1	SKIP	E T I C A M
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**IV. FACILITY CONTACT**

A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
2	ROSENBAUM, WAYNE S. TECH. DIR.	401	738 3261

**V. FACILITY MAILING ADDRESS**

A. STREET OR P.O. BOX		B. CITY OR TOWN		C. STATE	D. ZIP CODE
3	P.O. BOX 1075	4	FERNLEY	NV	89408

**VI. FACILITY LOCATION**

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER		B. COUNTY NAME		C. CITY OR TOWN		D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
5	2095 NEWLANDS DR	6	LYON	6	FERNLEY	NV	89408	

## VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND												
C	7	2	8	9	8	(specify)	Manufacturing chemicals and allied products					C	7				(specify)					
15	16	17	18	19							15	16	17	18	19							
C. THIRD										D. FOURTH												
C	7				(specify)						C	7				(specify)						
15	16	17	18	19							15	16	17	18	19							

## VIII. OPERATOR INFORMATION

A. NAME																														B. Is the name listed in Item VIII-A also the owner?														
C	8	E	T	I	C	A	M																								<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO												
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	66												
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)																														D. PHONE (area code & no.)														
F = FEDERAL S = STATE P = PRIVATE															M = PUBLIC (other than federal or state) O = OTHER (specify)															(specify)					C A					15 16 17 18 19 20 21 22 23 24 25				

E. STREET OR P.O. BOX																														G. STATE										H. ZIP CODE										IX. INDIAN LAND									
25 GRAYSTONE ST																														RI					02886					Is the facility located on Indian lands?																			
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52																														40 41 42 43 44 45 46 47 48 49 50 51 52					52					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																			
F. CITY OR TOWN																														G. STATE										H. ZIP CODE										IX. INDIAN LAND									
WARWICK																														RI					02886					Is the facility located on Indian lands?																			
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52																														40 41 42 43 44 45 46 47 48 49 50 51 52					52					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																			

## X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)															D. PSD (Air Emissions from Proposed Sources)															
C	9	N													C	9	P													
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	
B. UIC (Underground Injection of Fluids)															E. OTHER (specify)															
C	9	U													C	9													(specify)	
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	
C. RCRA (Hazardous Wastes)															E. OTHER (specify)															
C	9	R													C	9													(specify)	
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	

## XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

## XII. NATURE OF BUSINESS (provide a brief description)

N																													
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## XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)															B. SIGNATURE															C. DATE SIGNED									
S. Wayne Rosenbaum Technical Director																														25 March 1985									

## COMMENTS FOR OFFICIAL USE ONLY

C																																
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47

<b>FORM</b> <b>3</b>		<b>ENVIRONMENTAL PROTECTION AGENCY</b> <b>HAZARDOUS WASTE PERMIT APPLICATION</b> Consolidated Permits Program <i>(This information is required under Section 3005 of RCRA.)</i>	<b>I. EPA I.D. NUMBER</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">           NV D 980895338         </div>
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**FOR OFFICIAL USE ONLY**

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS
A	8 50 3 25	

**II. FIRST OR REVISED APPLICATION**

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

**A. FIRST APPLICATION** (place an "X" below and provide the appropriate date)

☐ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

YR.	MO.	DAY
8	5	3

☒ 2. NEW FACILITY (Complete item below.)

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

YR.	MO.	DAY
8	6	0

**B. REVISED APPLICATION** (place an "X" below and complete Item I above)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

**III. PROCESSES - CODES AND DESIGN CAPACITIES**

**A. PROCESS CODE** - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

**B. PROCESS DESIGN CAPACITY** - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS		T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	SURFACE IMPOUNDMENT		
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
<b>Disposal:</b>			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
<b>UNIT OF MEASURE</b>	<b>UNIT OF MEASURE CODE</b>	<b>UNIT OF MEASURE</b>	<b>UNIT OF MEASURE</b>	<b>UNIT OF MEASURE CODE</b>	<b>UNIT OF MEASURE</b>
GALLONS	G	LITERS PER DAY	ACRE-FEET	A	
CUBIC YARDS	L	TONS PER HOUR	HECTARE-METER	F	
CUBIC METERS	C	METRIC TONS PER HOUR	ACRES	B	
GALLONS PER DAY	U	GALLONS PER HOUR	HECTARES	Q	
		LITERS PER HOUR			

**EXAMPLE FOR COMPLETING ITEM III** (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

LINE NUMBER		A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER		A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY
			1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)					1. AMOUNT	2. UNIT OF MEASURE (enter code)	
X-1	18	S 0 2	600	G		5	18				
X-2	19	T 0 3	20	E		6	19				
1	20	S 0 2	158,664	G		7	20				
2	21	T 0 1	83,000	U		8	21				
3	22					9	22				
4	23					10	23				